

PRODUCER OF WASTE (Must be filled by producer)			
Name <u>A/C</u>			
(PRINT OR TYPE)	CODE NO.		
Pick up Address:			
(NUMBER)	(STREET)	(CITY)	
Telephone Number: ()	P.O. or Contract No.		
Order Placed By:	Date:		
Type of Process which Produced Wastes:			
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)	CODE NO.		

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

Components:		Concentration:		ppm
Upper	Lower	%		
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 12 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 1000 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

8999000248

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

Pick Up: 5-11-78 Time: _____ ☐ am ☐ pm

[DATE]

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: _____ No. of Loads or Trips: _____ Unit No. 5

Vehicle: ☒ vacuum truck 1000 barrels, ☐ flatbed, ☐ other _____

(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
Name (print or type) <u>Reaction Inc</u>		CODE NO.	
Site Address: _____			
<p>The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.</p>			
Quantity measured at site (if applicable): _____		State fee (if any): _____	
Handling Method(s):			
<input type="checkbox"/> recovery		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
<input type="checkbox"/> treatment (specify):		CODE NO.	
<p style="text-align: center;">(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)</p>			
<input type="checkbox"/> disposal (specify):		CODE NO.	
<input type="checkbox"/> pond <input type="checkbox"/> spreading <input type="checkbox"/> landfill <input type="checkbox"/> injection well		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
<input type="checkbox"/> other (specify): _____		CODE NO.	
If waste is held for disposal elsewhere specify final location: _____			
Disposal Date: <u>5/11/78</u>			
<p>I certify (or declare) under penalty of perjury that the foregoing is true and correct.</p>			
DISPOSER		SIGNATURE OF AUTHORIZED AGENT AND TITLE	
<p>The site operator shall submit a feeble copy of each completed Record to the State Department of Health with monthly fee reports.</p>			

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K001130

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name